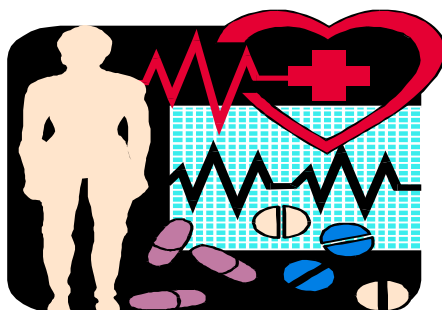


# COMMUNITY DIAGNOSIS

## STATUS REPORT



## MAURY COUNTY 1999

TENNESSEE DEPARTMENT OF HEALTH  
SOUTH CENTRAL REGIONAL OFFICE  
COMMUNITY DEVELOPMENT DIVISION

## **II. INTRODUCTION**

### **Mission Statement:**

The Maury County Health Council is to act as an independent advisory organization whose purpose is to facilitate the availability and affordability of quality health care within the South Central Tennessee Public Health Region.

### **Definition of Community Diagnosis:**

A simple definition used by the North Carolina State Center for Health and Environmental Statistics of a community diagnosis is “a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation in order to determine the health needs of the community.” By using this definition, we acknowledge that significant input from residents of the local area is essential to performing a community diagnosis effectively. Although a great deal of quantified health data can be obtained from the State, the process will only be successful if local citizens are fully involved and are comfortable with the eventual findings. This is why the formation and effective utilization of county health councils are vital in achieving accurate results.

### **History/Summary:**

Maury County, Tennessee was the final county initiated to the Community Diagnosis process in the South Central Region. Community members formed the council in February 1999. The initiating meeting was held at the Hunters Matthew Building and was hosted and facilitated by the South Central Region’s Community Development staff.

Those present at the initiating meeting were given an overview of the Community Diagnosis process. The group was informed of the intent of the Department of Health to improve their assessment and planning by giving residents an opportunity to assess health problems at the local level. Everyone present was given the opportunity to become a member of the Maury County Health Council by indicating their interest on a questionnaire provided by the Community Development staff. They were also encouraged to nominate any community member who might be interested in serving on such a council. The Council elected to meet on the third Tuesday of each month.

The first meeting was scheduled for March 16, 1999. In May, the Council elected Dannylu Wilson, registered nurse, to serve as Chairman and Barbara Heier, an educator, as Vice Chair. The Health Council completed their community diagnosis and began a community assessment in June 1999. The Community Development staff analyzed and prepared health data from several sources for the review of the Health Council. A survey was distributed throughout the community, and the regional Community Development staff tabulated the results. The survey was designed to measure the perception of Maury

County residents concerning the health status of the county and the delivery of the health care within the community.

The Maury County Health Council has successfully completed the first phase of the Community Diagnosis process. They are actively seeking resources to address the health problems that face their community.

The council has reviewed primary and secondary data from several sources concerning the health status of Maury County residents, availability of health care resources, effectiveness of resources, and utilization of resources across the county.

The data that was reviewed by the council, as well as specifics concerning data sources and collection methods, are described in detail within this document. After comparing community perception with actual incidence and prevalence of certain health problems and accessibility issues, the Council applied a scoring mechanism to the list of health problems.

The council agreed upon a list of 9 priority health problems. These 9 health and social problems have served as the focal point of the council since that time. The council will spend a total of two (2) years planning and implementing interventions toward these priorities.

- 1. Youth violence, Gangs, Crime and Domestic violence**
- 2. Teen pregnancy & STDs**
- 3. Alcohol, Tobacco, and Other Drugs**
- 4. Mental Health & Depression**
- 5. School dropouts**
- 6. Child abuse & neglect**
- 7. Poverty**
- 8. Access to Health care/TennCare**
- 9. Elderly abuse**

### **General Statement of Council Makeup**

The Maury County Health Council is made up of several local residents, each of which represents a vested interest in the county. Currently the council has a membership of 41 individuals. There are representatives from several social service agencies, the County Health Department, local health care providers and administrators, media, school system, law enforcement officers and businesses.

<b>Appendix A: Membership List</b>
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## **IV. MAURY COUNTY DESCRIPTION**

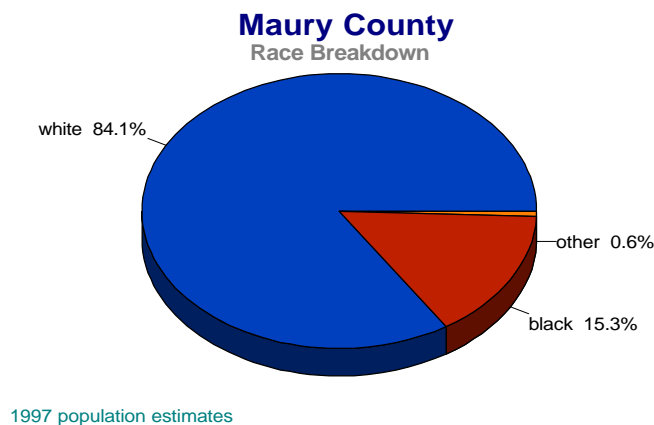
### **A. Geographic & Land Area**

Maury County is the largest of the twelve counties located in the South Central Region of the Tennessee Department of Health.

Maury County's geographical location is directly in the center of the region and is the location of the South Central Office. Five counties in the South Central region border it: Marshall County to the East, Giles County to the South, Lawrence County to the Southwest, Lewis County to the West, and Hickman County to the Northwest.

### **B. Demographics**

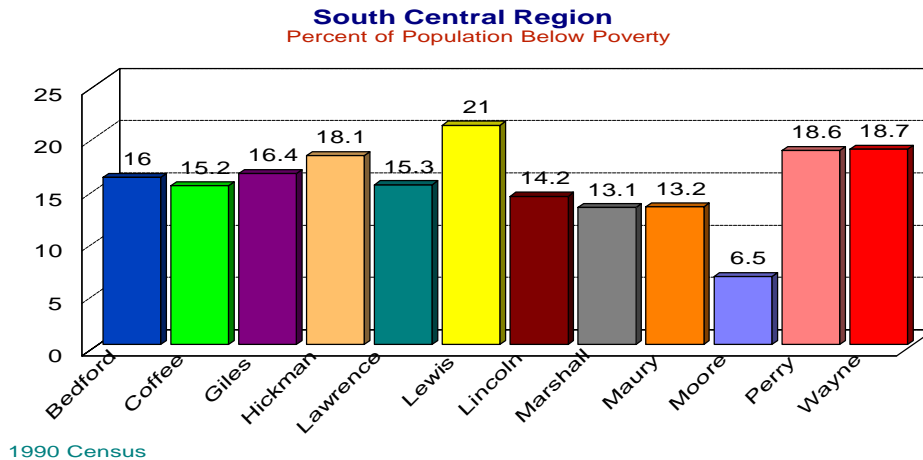
The county was settled in 1807 with Columbia as the county seat. Columbia was the home of the late James K. Polk, the eleventh president of the United States. According to the 1997 Picture of the Present, Maury County has a total population of 68,099. Of this total 84% are Caucasian, 15% are black and less than 1% are classified as other races.



### **C. Economic Base**

According to 1997 Poverty Level Guidelines, an individual earning less than \$657.50 per month is considered impoverished. For a family of four, \$1,337.50 per month is 100% of poverty.

The Health Council was provided with the 1994 estimates based on 1990 census data. Poverty rates for the entire county population was 13.2%, which is lower than the regional and state rate. The per capita income for 1996 was \$15,221, which was lower than the state's per capita income of \$19,450.



In 1996, 22% of the population was enrolled in TennCare, which was lower than the state's 22.7% for this same period.

During the data analysis phase of Maury County's Community Diagnosis, the council noted that the County had an unemployment rate of 2.8% which was lower than 3.5% state rate for December 1998.

#### **D. Medical Community**

Maury Regional Hospital is the only hospital facility located in Maury County.

There are seven nursing home in the county – NHC Healthcare of Columbia, Life Care Center, Rosewood Manor, Inc., Hidden Acres Health Care, Heritage Manor of Columbia, Hay Long Retirement Home, and Bel Air Health Care. The summary statistics on the nursing homes in the county for 1997 showed that the nursing homes were staffed at 96% occupancy.

### **V. COMMUNITY NEEDS ASSESSMENT**

The following section contains the collection of data as it was presented to the Maury County Health Council from March 1999 through August 1999. The Community Development staff presented the health data. Several data sources were consulted in order to meet the needs of the Health Council.

Appendix B – Comparison for Behavioral Risk Factor and Community Survey
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## **A. Primary Data**

### **Behavior Risk Factor Survey**

The University of Tennessee, Knoxville completed 202 sample telephone questionnaires concerning the health status and availability of care in Maury County.

According to this survey (Behavior Risk Factor Analysis), the top five community health problems in the county are:

1. Tobacco Use
2. Drug Abuse
3. Teen Pregnancy
4. Cancer
5. Alcohol Abuse

The top five problems concerning access to health care, according the BRFS, are:

1. Access to Assisted Living
2. Access to Dental Care
3. Access to Nursing Home
4. Transportation to Health Care
5. Access to Physicians or Doctors

### **Stakeholder Survey**

The Health Council elected to take advantage of the Stakeholders Survey that was available to them through the Community Development staff. The Health Council distributed the Stakeholders surveys in their community and the Community Development staff tabulated the results. The survey was designed to measure perception of the health care delivery system within the community.

A revised version of the Stakeholders Survey, which is now called the Community Survey, is still used in the Community Diagnosis process. Some of the original input from the Health Council was taken into account in the development of the new tool.



## **B. Secondary Data**

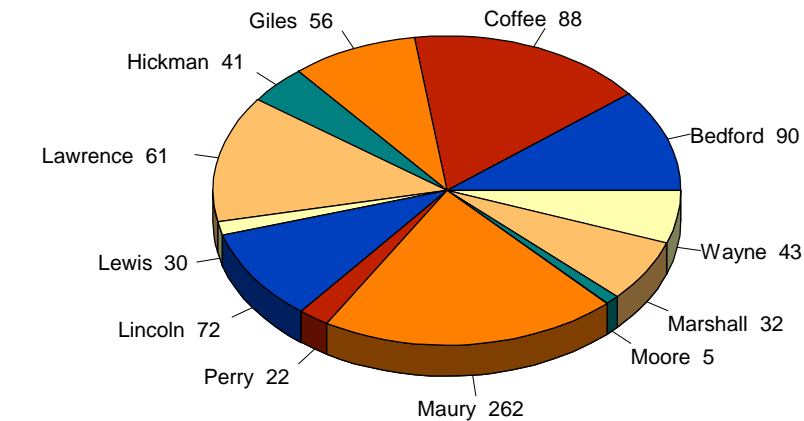
### Summary of Data Used

#### **Educational Attainment:**

The high school dropout rate for the county was 6.7% for 1997-1998 (262 students). This was higher than the regional rate of 4.1% and the state rate of 4.4%. Teen pregnancy, poor grades, drug and/or alcohol abuse, and long hours on a job are some of the things that directly effect the dropout rate.

### **High School Dropouts by County (Grades 9-12)**

South Central Region



Number of dropouts 1997- 98

For fiscal year 1997-1998, 27.7% of the students in Maury County participate in the school lunch program receiving lunch at free or reduced prices. This is less than the state rate of 33.1%.

## **MORBIDITY & MORTALITY**

The Maury County Health Council was presented with statistics concerning reportable diseases and causes of death within the county. The Health Council also reviewed the number of teen pregnancies that had occurred in Maury County over a ten-year time

frame. The Community Development staff provided comparisons of similar data with other counties in the region and across the state to enable the Health Council to recognize significant problems in their own community.

In addition to specific health problems, the council was provided a comprehensive view of the status of children and youth within Maury County.

#### Five Leading Causes of Death:

The Maury County Health Council members were provided with county specific data from 1997 concerning the leading causes of death. The list is as follows:

1. Diseases of the Heart
2. Malignant Neoplasms
3. Cerebrovascular Disease
4. Chronic Bronchitis
5. Accidents and Adverse Effects  
    Motor Vehicle Accidents

These are consistent with the leading causes of death across the state of Tennessee, as well as the United States.

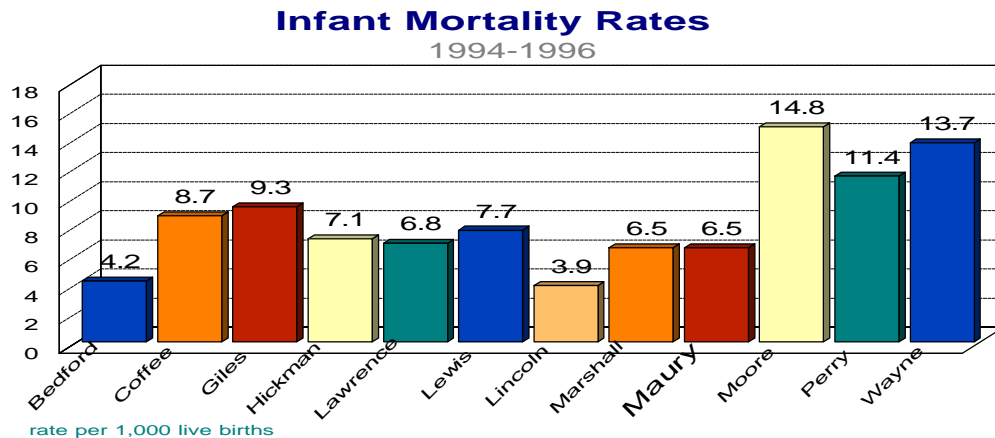
#### Teen Pregnancy

Maury County's teen pregnancy rate for 1997 (24.3) was higher than the State's rate (20.2) as well as the regional rate (14.7) for females ages 10-17. However, Tennessee's teen pregnancy rate continues to decline. The rate decreased 3% from 1992 to 1994. The problem of teen pregnancy is compounded by misconceptions. A prevalent one is that it is an adolescent problem when in fact it is an adult problem since 74% of the men involved in the pregnancies among women under 18 were not teens; 35% are aged 18-19, and 39% are at least 20, according to the 1995 Guttmacher study on *Sex and America's Teenagers*. Teens are more likely than older women to have babies whose health is compromised at birth due to inadequate prenatal care. Low birth weight is more common to infants of teens than among babies born to women in their 20s. Teenagers who become parents are disadvantaged socially, economically and educationally.

#### Birth Data

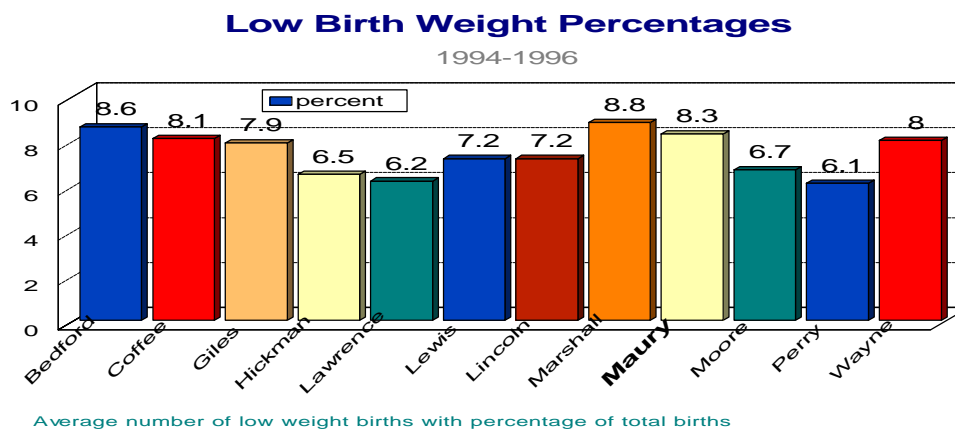
Infant mortality (deaths within the first year following birth) and births of infants that are low-weight are important indicators of a community's health status. Infant mortality is reported as a rate of every one infant death per 1,000 live births.

Through presentations by the Community Development staff, the Health Council learned that Maury County had an infant mortality rate of 10.7 in 1997 (10 infant deaths per 1,000 live births). The state had a rate of 8.5 and the regional rate was 6.6. Infant mortality rates measure the effect of major health threats to newborn babies. Early comprehensive care plays a major part in reducing the rate of infant deaths. Fewer babies are dying in Tennessee. The state infant mortality rate has declined 56% since 1973. Maury County's average infant mortality rate for the years 1994-1996 was 6.5 per 1,000 live births.



Both low birth weight and prematurity are among the leading causes of infant mortality. Low birth weight, a baby born weighing less than 5.9 pounds, is a major determinant of infant deaths. Low birth weight babies are 40 times more likely to die during the first month of life than normal weight infants. If the infant survives, it is much more likely to suffer from multiple health and developmental problems. The three-year average from 1994-1996 for Maury County was 8.3; Maury County's low birth weight rate for 1997 was 10.9, increasing from 9.3 in 1996. The South Central Regional rate was 8.6 and the state rate was 8.8 for this same time period.

Data shows that more than half of the deaths that occurred, many due to low birth weight, was preventable with adequate prenatal care.



### **Prenatal Access and Care:**

The Health Council examined the status of prenatal care delivery in Maury County during the data analysis stage of their community diagnosis. Based on 1998 data, Maury County was a shortage area for access to Obstetrics. According to the Kessner Index, adequate prenatal care is 1 or more number of prenatal visits if 13 or less gestation and 9 or more prenatal visits if 36 or more weeks pregnant. In 1996, Maury County had 28.8% of births lacking adequate prenatal care, which was higher than the State at 27.3% and the South Central Region at 27.6%. About ¾ of the females in Maury County (74.6%) are seeking early prenatal care.

### **Reportable Diseases:**

The Health Council reviewed county specific data on the following reportable diseases. Comparisons were also provided of regional and state data.

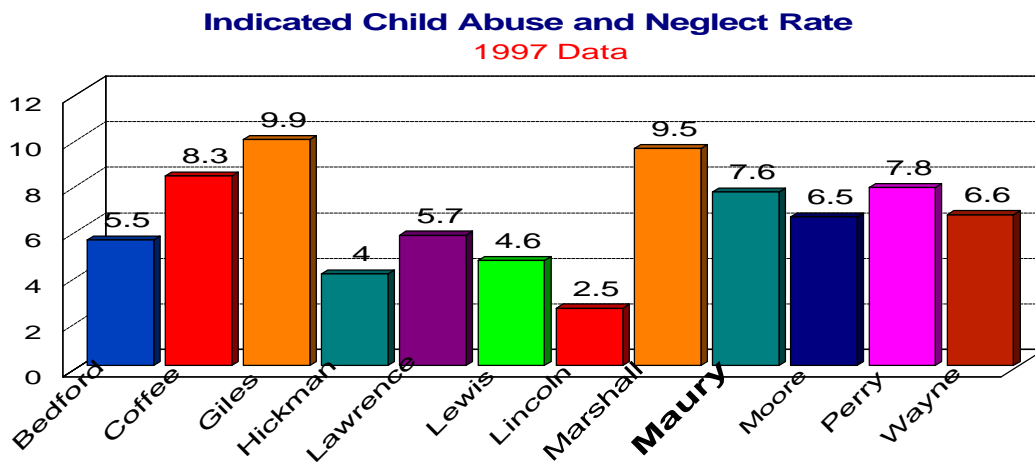
- Syphilis
- Gonococcal Infections
- Chlamydia
- Lyme Disease
- Meningitis
- Tuberculosis
- Influenza
- Hepatitis A
- Hepatitis B
- Hepatitis (Non A, Non B)
- Salmonellosis
- Mumps
- Measles
- Rubella

Chlamydia and Gonococcal infections were the most prevalent in the county. Sexually transmitted disease rates over a ten-year period were presented at the Health Council. The sexually transmitted disease rate (per 100,000) for teens 15-17 years in Maury County was the highest in the South Central Region in 1996 with a rate of 1626.

Heart Disease is the leading cause of death in the county followed closely by cancer. Cancer is the leading cause of death in the county for those aged 45-64 years. Lung cancer was the leading cancer diagnosis in Maury County followed by female breast cancer. Statewide the most predominant cancers are lung and female breast. Early diagnosis and treatment can decrease the number of cancer deaths in the county. Survival rates increase with earlier diagnosis.

### Children and Youth:

The Health Council reviewed data concerning child abuse and neglect. The child abuse and neglect rate is the number of cases per 1,000 children under 18 years old in the population. Child abuse and neglect occur when a child is mistreated, resulting in injury or risk of physical harm. In Maury County during 1997 there were 140 indicated cases of child abuse, giving the county a rate of 7.6 per 1,000. (Indicated refers to cases that have been investigated with the investigation concluding that an incidence of abuse occurred.) Maury County's indicated child abuse rate is lower than the state rate of 8.0 but higher than the regional rate of 6.5 for this same period of time.



Rate per 1,000 children under age 18

Commitment to state custody is the most serious sanction juvenile courts judge can administer a child. In Maury County during fiscal year 1997-98 the commitment rate of children to state custody was 6.2 per 1,000 (114 children). This number is higher than the state's commitment rate of 4.9 and the region's commitment rate of 5.7.

The number of teen violent deaths has grown 30% statewide in the past decade for teens aged 15-19. Violent deaths include motor vehicle accidents, suicides and homicides. The three-year average (1994-1996) of adolescent violent deaths in Maury County was 19.4, which was below the state's rate of 23.7 and the South Central Regional rate of 21.0. The major cause of teen violent deaths in the county was accidents and adverse effects.

## **VI. Health Issues & Priorities**

### **Community Process**

In October of 1999, the Maury County Health Council set their priorities for Maury County as follows:

1. Youth violence/Gangs/Crime/Domestic violence
2. Teen pregnancy/STDs
3. Alcohol, Tobacco, and Other Drugs
4. Mental health/Depression
5. School dropouts
6. Child abuse and neglect
7. Poverty
8. Access to Healthcare/TennCare
9. Elderly Abuse

## **FUTURE PLANNING**

The Maury County Health Council has already begun working towards creating community awareness on tobacco-related issues by sponsoring a Smoke Free Campaign in five local middle schools. More than 1500 students participated in either an essay or poster contest describing the dangers of tobacco use.

The Health Council is currently seeking funding for programs that will target violence prevention and mental health issues in their community.

## **APPENDIX A**

### **Membership Listing**



**MAURY COUNTY HEALTH COUNCIL**  
**Membership List**  
**Updated 1-5-2000**  
**Total 41**

**John Allen**

Director  
The Place of Hope  
105 N James Campbell Blvd  
Columbia, TN 38401  
388-9406

**Dr. Anthony Ball, D.D.S.**

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381-5282

**John P.W. Brown, M.D.**

The Place of Hope  
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Columbia, TN 38401  
388-9406

**Mary Brown, Principal**

Cox middle School  
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Columbia, TN 38401  
840-3902

**Mike Coupe, President**

The Place of Hope  
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388-9406

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381-8758

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**Ed Harlan**

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Columbia, TN 38401  
381-0114

**Susan McArthur**

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**Emily McKnight**

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**Corniela McNeill**

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Columbia, TN 38401

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**Ed Brooks**  
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540-8351

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**Mary McKissack**  
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**Chris Ussery**  
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## **APPENDIX B**

### **Resources & Internet Address**

## Comparison Of Data Prepared For:

### The Maury County Health Council

The following is a comparison summary of the data that was collected for the Maury County Health Council and presented between March and July 1999. This comparison is intended to assist the Health Council in assessing community needs and prioritizing the community's health problems.

After reviewing the data, the Health Council will reach a consensus concerning the top problems in Maury County. The Health Council can then determine how they can improve the health status of their community.

#### Community Survey 288 Questionnaires Analyzed "Small Problem" + "Problem" (50% or greater)

Community Issues	Small Problem/ Problem %	Total
1. Crime	27/50	77%
2. Youth Violence	28/45	73%
3. Teen Alcohol/drug Abuse	14/57	71%*
4. Teen pregnancy	17/51	68%*
High Blood Pressure	13/55	68%*
5. Adult Alcohol Abuse	17/50	67%*
6. Poverty	35/31	66%
School Dropout	30/36	66%
7. Stress	16/48	64%
Gangs	28/36	64%
8. Smoking	10/52	62%*
Domestic Violence	21/41	62%

9. Child Abuse/Neglect	23/37	60%
Adult Drug Abuse	11/49	60%*
Arthritis	25/35	60%
Diabetes	23/37	60%
10. Heart Conditions	16/42	58% *
Unemployment	32/26	58%

\*These issues placed in the top five problems on the Behavior Risk Factor Survey.

## Behavior Risk Factor Survey 200 Surveys Analyzed

### “Definite Problem” Top 10

Health Problem	% of Respondents
1. Tobacco Use	56%*
2. Teen Pregnancy	48%*
3. Drug Abuse	48%*
4. Cancer	44%
5. Alcohol Abuse	42%*
6. High Blood Pressure	38%*
7. Obesity	36%
8. Heart Conditions	30%*
9. Environmental issues	30%
10. Lung problems	27%

\*These issues rank in the Community Survey top ten.

## Community Survey Community Resources

Thirty percent or more of the respondents to the Community Survey indicated the following resources to be “Not adequate” or “Not available” in Maury County.

Resource	Not/ Adequate	Not/ Available	Total
Day Care for Homebound	27%	9%	36%
Adult Day Care	28%	7%	35%
Child Abuse/Neglect	32%	3%	35%
Health Insurance	32%	1%	33%
Alcohol/Drug Treatment	27%	4%	31%
School Health Services	27%	3%	30%

## Behavior Risk Survey Access to Health Care

Twenty percent or more of the respondents of the Behavioral Risk Survey indicated the following access issues to be a “Definite Problem” or “Somewhat a Problem”.

Problem	Definite	Somewhat	Total
Access to Assisted Living	14%	16%	30%
Access to Dental Care	11%	13%	24%
Access to Nursing Home Care	10%	13%	23%

## Secondary Data Support of Survey Findings

### Causes of Death

#### Leading Causes of Death 1994:

1. Heart Disease
2. Cancer
3. Cerebrovascular Disease (Stroke)
4. Chronic Obstructive Pulmonary Disease
5. Pneumonia and Influenza

#### Leading Causes of Death 1997:

1. Heart Disease
2. Cancer
3. Strokes
4. Chronic Bronchitis
5. Accidents & Adverse Effects/ Motor Vehicle Accidents

#### County Ranking Among the 95 Tennessee Counties:

1994-1996 three year average, age adjusted

- #27 Births with Late Prenatal Care
- #28 Births to Adolescent Mothers (age 10-17)
- #35 Low Birth Weight Babies
- #38 Homicides
- #39 Strokes (deaths)
- #56 Lung Cancer (deaths)
- #57 Suicides
- #60 Infant Deaths
- #64 Motor Vehicle Deaths
- #73 Coronary Heart Disease (deaths)



Smoking is a leading contributor to cancer, heart disease, COPD and cerebrovascular disease. Smoking and Tobacco Use rank in the top five of both the Community and Behavior Risk Factor Surveys. Heart disease has been the leading cause of death for Maury County residents for the past 4 years.

Teenage pregnancies are most likely the contributor to the Infant Mortality and Low Birth Weight Babies rate. Not getting adequate prenatal care and/or not having access to health care are also major factors to this rate.

### Economic Data

- As of June 1999, the unemployment rate in Maury County was 2.9%. This rate is lower than the state rate of 3.6% for this same period.
- The medium household income for Maury County, according to the U.S. 1990 census data, was \$26,238. The percent of the population living below poverty level was 13.2%.
- As of July 1998, 20.4% of the population in Maury County was enrolled in TennCare. This rate is lower than the state's rate of 23.5% and the regional rate of 22.9%.

### Teen Pregnancy

- Based on 1997 Kid's Count data, Maury County's teen pregnancy rate of 65.3% was higher than both the state's rate of 50.2% and the regional rate 38.95%.
- The infant mortality rate for Maury County per 1,000 live births in 1997 was 10.7 which was higher than the state's rate of 8.5% and the regional rate of 6.6%.

The five leading causes of infant mortality statewide are birth defects, sudden infant death syndrome, short gestation and low birthweight, respiratory distress, and infections specific to the perinatal period (period of time around birth).

**Health Information Tennessee**  
**Visit us on the web at [server.to/hit](http://server.to/hit)**